PTC/SERIE (08-03) Approved for use through 7/31/2008, CMB 0651-0032

Under the Paper	TENT Appl	d of 1995	no pene	103 ATS (EX	guired to respon	d to	e collection of h	Normation or	ions it day	DEPARTMENT (CONTROL CONTROL	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Doctor Number 1008794			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHE	R THAN ENTITY	
FOR	MU	MUMBER FILED			NUMBER EXTRA		RATE	FEE	7			
BASIC FEE (N CFR 1.16(d))								1.	1	RATE	FEE	
TOTAL CLAIMS (37 CFR 1,18(c))		ainus	20.			1.		╬═	- OR		<u> </u>	
DEPENDENT CL	AUUS					┨	×	-				
						7	X 8•		OR.	X8		
MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.16(d))							+1	<u> </u>	OR	+1		
"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
(Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR		R THAN ENTITY	
EMA	CLAIMS REMAINING AFTER		NU	HEST MBER MOUSLY	PRESENT]	RATE	ADDI	1	RATE	ADDI-	
Y Total	AMENDMENT	Minus		D FOR	-]]	···	TIONAL	1		TIONAL	
Total Or GPR 1.18(2) Independent Or GPR 1.18(2)	110			38	<u> </u>	li	X 8=		OR	× 4 •	7	
U 07 GR 1.1003	14	Minus		19	•		x s e		OR	X		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))							*1		QR		$\overline{}$	
						, ,	TOTAL			TOTAL	-/	
(Column 1) (Column 2) (Column 3)							ADD'L FEE		OR	ADD'L FEE	/	
0 1	turan 2) HEST					/						
5 5/3/	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL	
D boar man	8	Minus	3	8	•		×		OR		FEE	
M Calinda	1.6	Minus		19	•	-	X 8 =			X 3		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.10(d))									OR .	× 6	-/	
							TOTAL		OR	TOTAL	-/	
Golumn 1) (Column 2) (Column 3)							NDO'L PEE		OR	ADDL FEE	/	
O	CLAIMS REMAINING		HIGH	EST	(Column 3)	Г			1			
Total profit Lines independent profit Lines	AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADD+ TIONAL FEE		RATE	ADOL- TIONAL	
© Cost right	. /3	Minus	-	·	•	Ţ,			_		FEE	
Independent (27 of R 1.1808)	. 1	Minus	-		-				OR	× s		
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.1604)									OR OR	** <u> </u>		
							OTAL			TOTAL		
" If the entry in co	turn t is less tha	n the entry	in colum	n 2, write	" in column 3.		DO'L FEE		OR	ADD'L FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2", The "Highest Number Previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher format in the previously Paid For" (Total or Independent) is the Number (surpher for												
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The T-Sphest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 7 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and estimating the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commercia, P.O. Sca 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissioner for Patents, P.O. Sca 1450, Alexandria, VA 22313-1450.